

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		12/8/99
O.I.P.E. CLASSIFIER		21	12/13/99
FORMALITY REVIEW	<i>SS</i>	65085	1-7-2000
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/8/99
2	✓	✓	12/13/99
3	✓	✓	12/13/99
4	✓	✓	12/13/99
5	✓	✓	12/13/99
6	✓	✓	12/13/99
7	✓	✓	12/13/99
8	✓	✓	12/13/99
9	✓	✓	12/13/99
10	✓	✓	12/13/99
11	✓	✓	12/13/99
12	✓	✓	12/13/99
13	✓	✓	12/13/99
14	✓	✓	12/13/99
15	✓	✓	12/13/99
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18	✓	✓	12/13/99
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If more than 150 claims or 10 actions  
 staple additional sheet here

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